

BEST AVAILABLE COPY

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BM		08-08-01
O.I.P.E. CLASSIFIER		21	11/16/01
FORMALITY REVIEW	CH	1119	09-04-01
RESPONSE FORMALITY REVIEW	M.D	615	11-21-01

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 ÷ Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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Brief Description of the
Drawings

932-
 094-17-01
 851
 11/23/01